

Name
in
Full

Robert M. Anthony

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sen-ton ^{Town} Caroline ^{County}

Date of death 1900 - Nov ^{Month} 28 ^{Day} Age 3-2 ^{Years} Months — Days —

Sex Male Color or Race White Birth-place Ind

Occupation Farmer Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Mollie Smith

Father's Name Robt M. Anthony Father's Birthplace Ind

Mother's Maiden Name — Mother's Birthplace Ind

Name of person giving information Edna Anthony How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

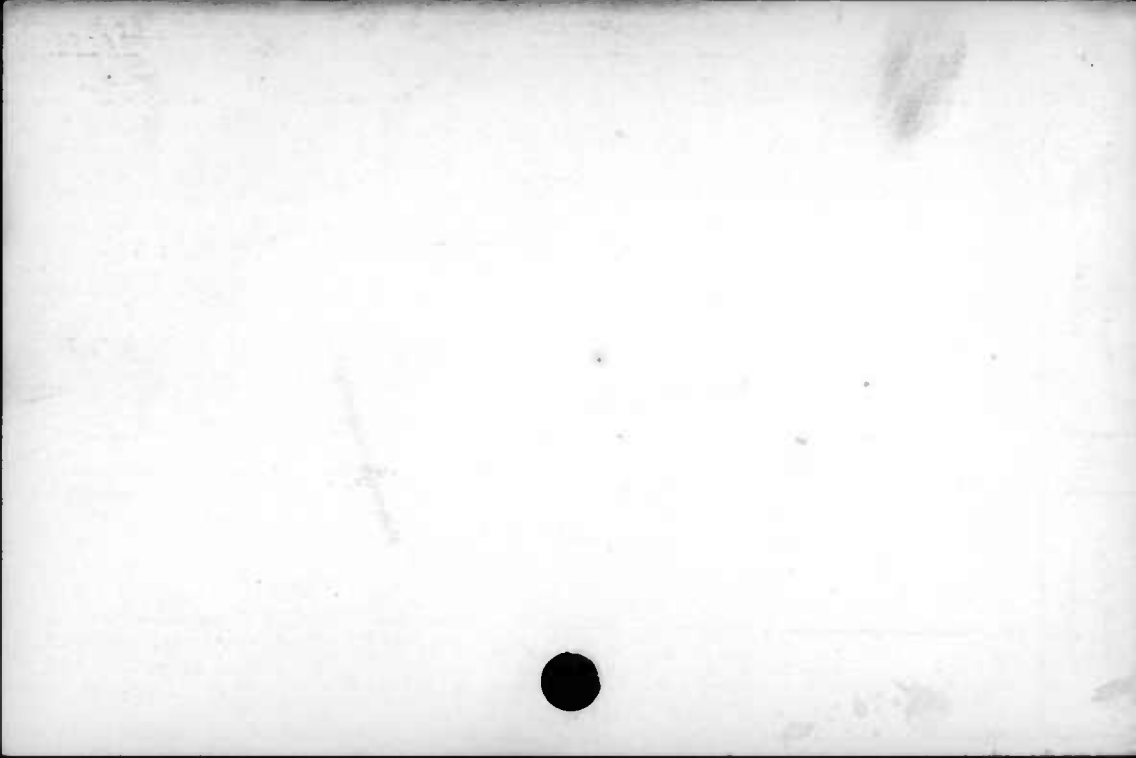
Primary Bright's Disease ^{How long} Several months

Immediate Bright's & Heart Disease ^{How long} —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. R. Fisher

Address Sen-ton

Accident or Suicide? No



Name
in
Full

Geo. S. Dixon (M. M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Preston</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1901 Nov.</i> ^{Month}		<i>13</i> ^{Day}	Age <i>77</i> ^{Years}	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>	Birth-place <i>New York</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Caroline Dixon</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs Caroline Dixon</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

Primary <i>Cancer of Bladder</i>	How long <i>6 mo</i>
Immediate <i>exhaustion</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above?

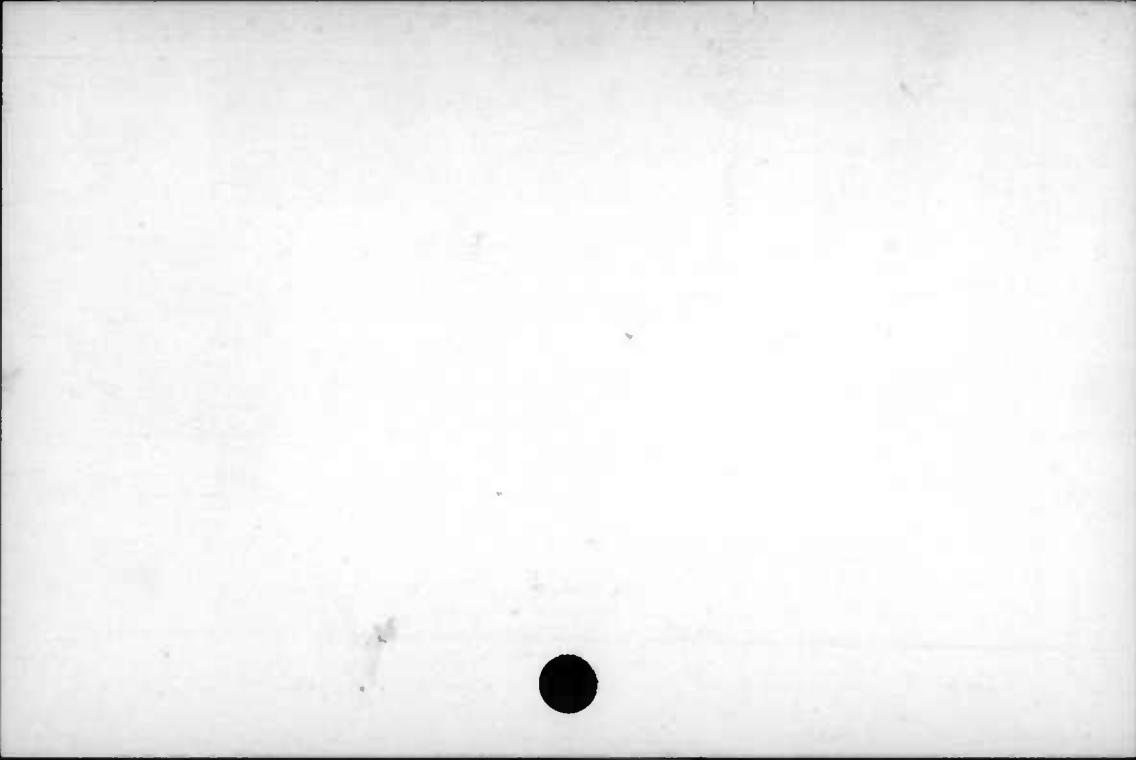
yes

Signature of Physician

Address

J. L. Noble
Preston
Md.

Accident or Suicide?



Name in Full		Elizabeth Satterfield				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Alms House</u>			Town <u>Caroline</u>		County	
	Date of death 190 <u>5</u>		Month <u>Nov.</u>		Day <u>30</u>		Years <u>Age Abt. 80</u>
	Sex <u>Female</u>		Color or Race <u>Negro</u>		Birth-place <u>Caroline co</u>		Months <u></u> Days <u></u>
	Married, Single or Widowed <u></u>			Occupation <u>None</u>			
	Name of Wife or Husband <u></u>						
	Father's Name <u>Sampson Satterfield</u>				Father's Birthplace <u>Not known</u>		
	Mother's Maiden Name <u>Not known</u>				Mother's Birthplace <u>" "</u>		
	Name of person giving information <u>Henry Beck</u>				How related to deceased <u>None</u>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Paralysis</u>			<u>16</u>		How long <u>Ten days</u>	
	Immediate <u></u>					How long <u></u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>Thos. Sandstrom</u>		Address <u>Brussville</u>	
	Accident or Suicide? <u></u>			<u>NG</u>			



Name
in
Full

Baby Slaughtor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Dundrum^{County} Carroll

MARYLAND

Date of death 1905 ^{Month} 11^{Day} 5Age ^{Years} 5^{Months}^{Days} +Sex FemaleColor or Race white

Birth-place

Occupation _____Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name Lewis Slaughtor

Father's Birthplace

Mother's Maiden Name Minnie Slaughtor

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary Still Born

How long

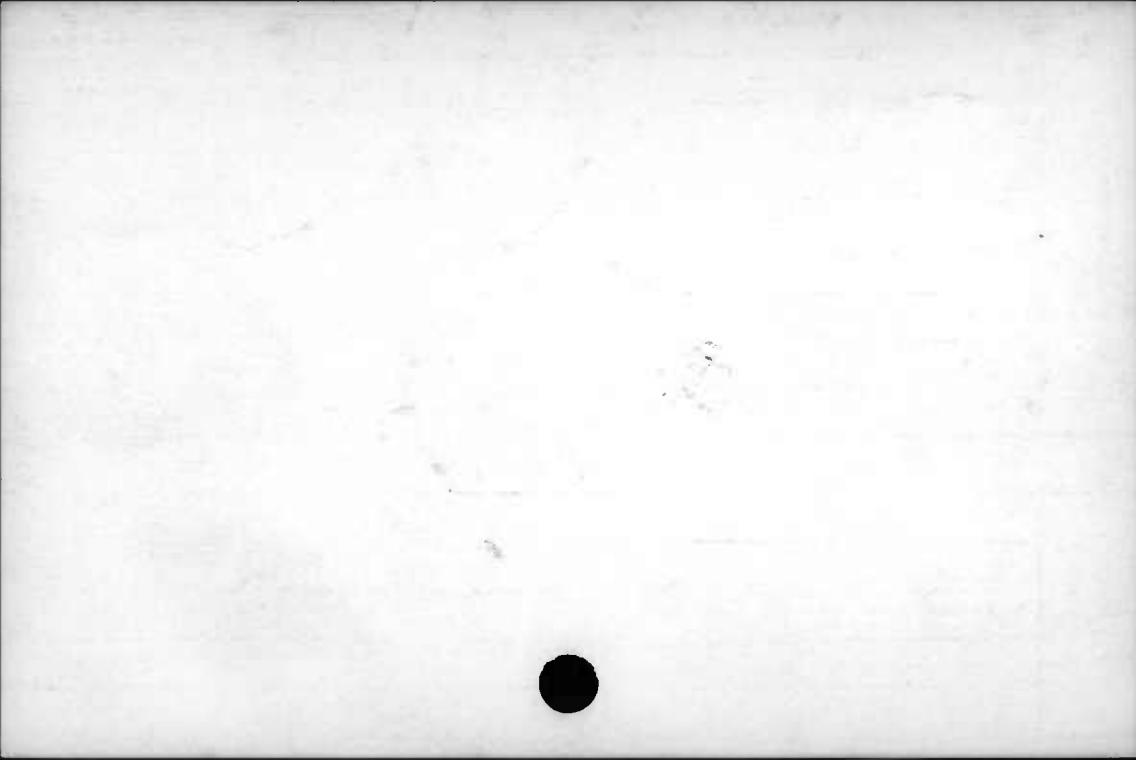
Immediate S.


How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. N. NicholsAddress Dundrum Md

Accident or Suicide?



Name in Full <i>Juliette Warren</i>		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hickman</i> Town		<i>Garoline</i> County		MARYLAND	
	Date of death 190 <i>5</i>	Month <i>Nov</i>	Day <i>3</i>	Age <i>16</i> Years	Months Days	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Garoline Co</i>		
	Married, Single or Widowed <i>single</i>		Occupation <i>none</i>			
	Name of Wife or Husband					
	Father's Name <i>Mrs. Warren</i>			Father's Birthplace <i>Garoline Co</i>		
	Mother's Maiden Name <i>Mary Smith</i>			Mother's Birthplace <i>Hunter Co. Md</i>		
Name of person giving information <i>Thos. Sandphary</i>			How related to deceased			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>		How long <i>10 days</i>			
	Immediate		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. Sandphary</i>			
			Address <i>Burrville</i>			
Accident or Suicide?		<i>Yes</i>				

